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Bib Data Sheet

CONFIRMATION NO. 8385

<b>SERIAL NUMBER</b> 10/523,709	<b>FILING OR 371(c) DATE</b> 12/14/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 1001.1844106
<b>APPLICANTS</b> Clark C Davis, Holladay, UT; Kevin T Olson, Salt Lake City, UT; Dewayne C Fox, South Jordan, UT;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/24604 08/05/2003 which is a CIP of 10/213,123 08/05/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 52
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 11050				
<b>TITLE</b> MEDICAL DEVICE WITH COLLAPSE-RESISTANT LINER AND METHOD OF MAKING SAME				
<b>FILING FEE RECEIVED</b> 3050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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